

10/25/01  
JC541 U.S. PTO

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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **PD-01W111**

First Inventor or Application Identifier **Woodall**

Title **"System and Method for Real-Time Fault"**

Express Mail Label No. **EE389586401US**

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages **22**]   
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets **7**]
4. Oath or Declaration [Total Pages ]   
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
  - i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

Assistant Commissioner for Patents  
ADDRESS TO: Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Statement
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  Small Entity Statement(s)  Status still proper and desired  
(PTO/SB/09-12)
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: **\*Reporting in Switched Networks\***  
.....  
.....

**16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 1

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	<b>23915</b>		or <input checked="" type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>
Name	<b>Leonard A. Alkov</b>		
	<b>Raytheon Company</b>		
Address	<b>P.O. Box 902 (E1/E150)</b>		
City	<b>El Segundo</b>	State	<b>CA</b>
Country	<b>U.S.A.</b>	Telephone	<b>310.647.2577</b>
Zip Code	<b>90245-0902</b>		
Fax	<b>310.647.2616</b>		

Name (Print/Type)	<b>Leonard A. Alkov</b>	Registration No. (Attorney/Agent)	<b>30,021</b>
Signature	<i>Leonard A. Alkov</i>		Date <b>10/25/01</b>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

J1046 U.S. PRO  
10/05/2001

10/25/01

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1244.00)

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Woodall
Examiner Name	
Group Art Unit	
Attorney Docket No.	PD-01W111

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number **50-0616**  
Deposit Account Name **Raytheon Company**

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201 355 Utility filing fee	<b>740.00</b>
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	
<b>SUBTOTAL (1) (\$ 740.00)</b>			

## 2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
13	9		-20** =	<b>18.00</b>	=
			- 3** =	<b>6</b>	<b>504.00</b>
<b>SUBTOTAL (2) (\$504.00)</b>					

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

\*or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) (\$)

\*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Leonard A. Alkov	Registration No. (Attorney/Agent)	30,021	Telephone 310.647.2577
Signature	<i>Leonard A. Alkov</i>			Date 10/25/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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